

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	1					
2						
3						
4						
5						
6						
7						
8						
9	1					
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20	1					
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26	1					
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33	1					
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36						
37						
38						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL INO.	5					
TOTAL DEF.	28					
TOTAL	33					

	INO.	DEF.	INO.	DEF.	INO.	DEF.
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62						
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TOTAL INO.						
TOTAL DEF.						
TOTAL						